

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/09/2020 03:35 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Graham Donald

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Police

Division, Board, Department, District, if applicable

Your Position

Commander

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Los Angeles

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2019, through
December 31, 2019.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is 08 / 18 / 2019, through
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

☐ The period covered is ____/____/_____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

100 West 1st Street, Room 1061, Stop 400 Los Angeles CA 90012

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(213) 486-8730

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/09/2020 03:35 PM

(month, day, year)

Signature Electronic Submission

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
<u>Donald Graham</u>	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Police	Geographic Area	Captain	City of Los Angeles	Annual	01/01/19 - 08/17/19

SCHEDULE D Income – Gifts

Name

Donald Graham

► NAME OF SOURCE (Not an Acronym)

Senior Lead Officers of North Hollywood Area

ADDRESS (Business Address Acceptable)

11640 Burbank Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

N/A - Employees

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 19	\$ 135	Bottle of Scotch
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Grandmaster Mosqueda of LA Doce Pares Eskrima Studio

ADDRESS (Business Address Acceptable)

10355 Balboa Blvd, Granada Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Filipino Martial Arts Studio

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 19	\$ 299.00	Ceremonial Sword
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Philippine Consulate

ADDRESS (Business Address Acceptable)

3435 Wilshire Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foreign Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 27 / 19	\$ 53.99	Case of Filipino Beer
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____